

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/21/03.

I. DISPUTE

Whether there should be additional reimbursement for chronic pain program 97799-CP from 4/22/02 through 5/23/02 reduced by the carrier to fair and reasonable.

II. RATIONALE

Commission Rule 133.307 (g)(3)(D) states, “ if the dispute involves health care for which the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);”

There was no documentation submitted by either the requestor or respondent supporting the requestor’s position that the billed charges should be considered fair and reasonable. On this basis, additional reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for 97799-CP.

The above Findings and Decision are hereby issued this 16th day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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